ALCOHOL
and DRUG ABUSE for
MANAGERS and SUPERVISORS
is
(ADAMS)

ADAMS for SUPERVISORS STUDENT GUIDE

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INFORMATION SHEET 1-1-1

NEGATIVE EFFECTS OF ALCOHOL USE BY PAY GRADE AND DRINKING LEVEL

A. Introduction

This Information Sheet shows the effect alcohol abuse has on readiness. Percentages listed reflect self reported data.

B. References

2002 DOD Worldwide survey

C. **Information**

Negative Effects of Alcohol Use, by Pay Grade

	E1-E3	E4-E6	E7-E9	O1-O3	O4-O10
Serious Consequences	21.8%	10.7%	2.7%	2.6%	2.1%
Productivity Loss	32.4%	24.8%	11.0%	13.6%	7.8%
Dependence Symptoms	20.8%	13.8%	5.0%	7.3%	2.9%

Negative Effects of Alcohol Use, by Drinking Level

	Serious Consequences	Productivity Loss	*Dependence Symptoms
Infrequent/light	5.2%	8.2%	5.9%
Moderate	3.9%	11.7%	5.9%
Moderate/heavy	8.9%	22.4%	12.9%
Heavy	30.4%	45.1%	40.3%

Nearly one-third of heavy drinkers had one or more serious consequences (30.4%), a rate that is three and a half to eight times greater than for any other group of drinkers.

Productivity loss was most prevalent among the heaviest drinkers, with almost half of them reporting such a negative effect.

* Includes having experienced four or more symptoms commonly associated with dependence at any time during the past year.

INFORMATION SHEET 1-2-1

NAVY DRUG SCREENING LABORTORIES

A. Introduction

This Information Sheet will provide you with a comparison of numbers of sailors tested, to those testing positive. Here you will also find the NDSL locations and which drugs they test for.

B. References

DoD Survey, Navy Drug Screening Laboratories.

C. Information

1. From a historical perspective, in 1980, 33% of all Navy members self-reported using illegal drugs in the past year and 47% of all E1-E5 personnel self-reported using marijuana in the past 30 days. The data below show the actual number of samples testing positive and the percentage positive for the corresponding years.

	FY95	FY98	FY01	FY02	FY03
#Tested	.99M	.80M	.80M	1.0M	1.1M
%Positive	.75%	.83%	.71%	.58%	.46%

Drug Testing:
Commands test 10 – 40% of personnel each month.
There are three Navy Drug Screening Test Labs:

- Jacksonville, FL
- Great Lakes, IL
- San Diego, CA

The Navy routinely tests for:

- Marijuana
- Cocaine
- Heroin

They also test for PCP, codeine, morphine, amphetamines and methamphetamines, barbiturates, LSD, ecstasy.

The Navy utilizes the laboratory at UCLA for steroid testing. Commands should contact PERS 6 for funding of this test.

INFORMATION SHEET 1-2-2

COMMONLY ABUSED DRUGS

A. Introduction

This Information Sheet lists the most commonly abused drugs, their street names, DEA schedule and how administered, along with their effects and health consequences.

B. References

National Institute on Drug Abuse

C. Information

Substance: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered **	Intoxication Effects/Potential Health Consequences
Cannabinoids			Euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety; panic attacks; tolerance, addiction
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/swallowed, smoked	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/swallowed, smoked	
Depressants			Reduced pain and anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/confusion, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest, addiction For barbiturates: sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness For benzodiazepines: sedation, drowsiness/dizziness.
barbiturates	Amytal, Nembutal, Seconal, Phenobarbital; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
benodiazepines (other than flunitrazepam)	Ativan, Halcion, Librium, Valium, Xanax; candy, downers, sleeping pills, tranks	IV/swallowed	

INFORMATION SHEET 1-2-2

Substance: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered **	Intoxication Effects/Potential Health Consequences
flunitrazepam***	Rohypnol; forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	For flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects.
GHB***	gamma-hydroxybutyrate; G, Georgia home boy, grievous bodily harm, liquid ecstasy	under consideration/ swallowed	For GHB—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death.
methaqualone	Quaalude, Sopor, Parest; ludes, mandrex, quad, quay	I/injected, swallowed	For methaqualone-euphoria/depression, poor reflexes, slurred speech, coma.
Dissociative Anesthetics			Increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting. Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest. For PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence/loss of appetite, depression.
Ketamine***	Ketalar SV; cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	
PCP and analogs	phencyclidine; angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	
Hallucinogens			Altered states of perception and feeling; nausea/chronic mental disorders, persisting perception disorder (flashbacks). Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors for psilocybin—nervousness, paranoia.
LSD	lysergic acid diethylamide; acid, blotter, boomers, cubes, microdot, yellow sunshines	I/swallowed, absorbed through mouth tissues	
mescaline	buttons, cactus, mesc, peyote	I/swallowed, smoked	
psilocybin	magic mushroom, purple passion, shrooms	I/swallowed	

INFORMATION SHEET 1-2-2

Substance: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered **	Intoxication Effects/Potential Health Consequences
Opioids and Morphine Derivatives			Pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction. Also, for codeine--less analgesia, sedation, and respiratory depression than morphine for heroin—staggering gait
codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV/injected, swallowed	
fentanyl	Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	
heroin	diacetylmorphine; brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	
morphine	Roxanol, Duramorph; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	laudanum, paregoric; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
Stimulants			Increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure. Also, for amphetamine—rapid breathing; hallucinations/ tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction. For cocaine—increased temperature/chest
amphetamine	Biphetamine, Dexedrine; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	
cocaine	hydrochloride; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	

INFORMATION SHEET 1-2-2

Substance: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered **	Intoxication Effects/Potential Health Consequences
MDMA (methylenedioxy-methamphetamine)	DOB, DOM, MDA; Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition. For MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings, hyperthermia/impaired memory and learning.
methamphetamine	Desoxyn; chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	For methamphetamine—aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction.
methylphenidate	Ritalin; JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	For methylphenidate—increase or decrease in blood pressure, psychotic episodes/digestive problems, loss of appetite, weight loss.
nicotine	bidis, chew, cigars, cigarettes, smokeless tobacco, snuff, spit tobacco	not scheduled/smoked, snorted, taken in snuff and spit tobacco	For nicotine—tolerance, addiction; additional effects attributable to tobacco exposure - adverse pregnancy outcomes, chronic lung disease, cardiovascular disease, stroke, cancer.
Other Compounds			No intoxication effects/hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics.
anabolic steroids	Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise; roids, juice	III/injected, swallowed, applied to skin	
Inhalants	Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl); laughing gas, poppers, snappers, whippets	not scheduled/inhaled through nose or mouth	Stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing/unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death.

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*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

**Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

***Associated with sexual assaults.

INFORMATION SHEET 1-3-1

HOW ALCOHOL IS PROCESSED

A. Introduction

This Information Sheet describes how alcohol is processed, how it affects behavior, and defines the lethal level of BAC.

B. References

NIAAA (National Institute on Alcohol Abuse and Alcoholism)

C. Information

How does alcohol work?

The liver is responsible for the elimination--through metabolism--of approximately 95% of ingested alcohol from the body. The remainder of the alcohol is eliminated through excretion of alcohol in breath, urine, sweat, feces, breast milk and saliva.

A drink is equal to:
1 shot of hard liquor contains one half ounce of alcohol
5 oz glass of wine contains one half ounce of alcohol
12 oz can of beer contains one half ounce of alcohol
It's important to realize that people with alcohol on their breath either just drank, or have a BAC from previous drinking.

BAC	Behavior
.01-.04	Change in mood; outward appearance of normalcy; some impairment of judgment.
.05-.09%	Relaxation; impairment of vision, balance, reaction time, coordination, and more pronounced impairment of judgment.
.10-.14%	All of the above plus staggering, slurred speech, and exaggeration of emotions.
.15-.20%	Difficulty standing and walking; motor coordination impaired; distorted perception.

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.21-.30% Severe motor disturbance; perceptions greatly impaired.

.31-.39% Stuporous, almost complete loss of feeling and sensation.

.40-.60% Unconsciousness, coma, and death.

Alcohol abusers or those who are alcohol dependent and have a high tolerance can walk, talk and appear to perform quite well at very high BAC levels. Those in the later stages of alcoholism generally are functional at the BAC range of .15% – .25%. Additionally, a person who has a BAC of .15% or higher is 380 times more likely to be involved in an automobile accident.

INFORMATION SHEET 1-4-1

THE RIGHT SPIRIT CAMPAIGN

A. Introduction

This Information Sheet lists the objectives of the Navy's Right Spirit Campaign and what is required of you to promote the campaign. Are you part of the solution, or part of the problem? The choice is yours.

B. References
OPNAVINST 5350.4 series

C. Information

1. The Right Spirit Campaign is education coupled with leadership, deglamorization, intervention, and accountability for everyone.
- The campaign targets all hands from Seaman to Admiral.
- Emphasizes Navy Core Values: Honor, Courage, and Commitment.
- Educates All Hands.
- Requires a New Attitude toward Alcohol Use.

Goals –

- Enhance fleet readiness by reducing alcohol abuse and related incidents.
- Provide a safe and productive work environment.
- Ensure Quality of Life for members, shipmates, and their families.
- Responsible use.

The Right Spirit is NOT PROHIBITION. It requires only that members who choose to drink do so in a responsible manner. It emphasizes that it's okay not to drink and requires those in leadership positions to support members who choose not to drink and to guarantee respect for their choice.

Prevention and Deglamorization-

The Right Spirit campaign emphasizes responsibility at four levels-personal, shipmate, leadership, and command--while promoting healthy lifestyles for all Navy members.

Personal Responsibility;
- Recognize the effects of alcohol abuse on each of us as individuals, on others (including family members), and on our careers.

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- Promote positive attitudes and behaviors towards avoiding alcohol abuse.
- Not drink and drive
- Not drink to the extent that it impairs judgment.
- Not exhibit public drunkenness.
- Comply with local laws for the purchase, possession, and use of alcohol.

Shipmate Responsibility;

Shipmates take care of shipmates 24/7/365. All hands must know alcohol abuse warning signs and take positive steps to ensure shipmates stay on the right course. This means:

- Intervene before excessive drinking occurs.
- Stop a shipmate from driving while under the influence of alcohol.
- Challenge inappropriate behavior resulting from alcohol use on and off duty.

Leadership Responsibility;

- All hands in a position of authority must set a strong personal example of responsible behavior by demonstrating responsible conduct on and off duty.
- All hands are ambassadors and must live up to this image.

Command Responsibility;

All Commanders, Commanding Officers, and Officers in Charge must:

- Ensure policies are implemented and supported. Hold members accountable.
- Ensure availability of education and treatment programs for all personnel.
- If providing alcohol at command events, provide non-alcoholic beverages also.
- Intervene early and refer members to screening for prevention or education programs.
- Ensure members involved in alcohol-related incidents obtain a SARP screening.
- Support referrals to appropriate education or clinical treatment programs.
- BE INVOLVED IN THE MEMBER’S AFTERCARE PROGRAM.

INFORMATION SHEET 1-5-1

SUPERVISOR INPUT FORM

A. Introduction

This Information Sheet provides an example of what information needs to be provided to the DAPA if one of your sailors received a referral. Your complete honesty in assessing your servicemember will greatly assist SARP in making the best treatment recommendation.

B. References

OPNAVINST 5350

C. **Information**

To:_____
Supervisor name/work center/division

Subj: ADMINISTRATIVE SCREENING IRT_____
Servicemember rate/rank, name, work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the Commanding Officer and the SARP staff in making the appropriate recommendation and diagnosis of a possible alcohol or drug problem.

2. How long have you supervised this member?_____

3. Please place a check next to the word in each category that best describes the servicemember in the past 12 months:

   a. Military performance:
   Superior_____ Adequate_____ Improving _____
   Excellent_____ Substandard_____ Declining _____

   b. Work performance:
   Superior_____ Adequate_____ Improving _____
   Excellent_____ Substandard_____ Declining _____

   c. Uniform/military appearance:
   Superior_____ Adequate_____ Improving _____
   Excellent_____ Substandard_____ Declining _____

   d. Relationships with peers and superiors:
   Superior_____ Adequate_____ Improving _____
   Excellent_____ Substandard_____ Declining _____

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Please provide additional comments about the above markings:
_____

e. Has remedial counseling been conducted in the past 12 months? Yes No

f. Has servicemember received NJP or other disciplinary action during the previous 12 months? Yes No

g. Are you aware of any civil actions or referrals for family or financial counseling that have occurred in the previous 12 months? Yes No

h. Are you aware of any previous/additional alcohol or drug problems? Yes No

i. Does this member have a history of Monday or Friday absences, sick-call visits or tardiness to work? Yes No

j. Is this member the first to arrive or the last to leave? Yes No

k. Does this member take unusually long lunch breaks on a routine basis? Yes No

If you marked “Yes” for e, f, g, h, i, j, or k please explain in detail._____

4. If you had a choice would you want this servicemember to continue working for you? Yes No

   Provide details on why or why not._____

5. Please complete and return this form No later than,(date required) to DAPA’S name, located in (Room/bldg/compartment number)

   If using internal mail, please place in sealed envelope. If you have any questions, I can be reached at (Telephone#)

_____
(DAPA signature/date)

_____
(Supervisor signature and date)

INFORMATION SHEET 1-5-2

LEVELS OF TREATMENT

A. Introduction

This Information Sheet lists the levels of treatment available through BUMED. Note, not all levels are offered at every SARP,(Substance Abuse Rehabilitation Program). In some cases, individuals may need to be MEDVAC to a location that provides the most appropriate treatment.

B. References

ASAM (American Society of Addictive Medicine).

C. Information

1. Levels of Care Description- The key factors in deciding the level of care are flexibility and tailoring the treatment to meet the patient's needs.

Early Intervention (Level .5) Alcohol IMPACT or equivalent INTENSE EDUCATIONAL Program designed for an individual who has had an alcohol incident but DOES NOT meet Diagnostic and Statistical Manual (DSM) IV criteria for pattern of alcohol abuse or dependency. Ideally for persons who misused alcohol without a pattern of abuse. It is 20 hours of intensive education.

Outpatient (OP) (Level I) The goal here is to address substance abuse. Typically for individuals who meet the DSM IV criteria for alcohol abuse. It can also be for alcohol dependent individuals who have stepped down from the more intense levels of treatment. While it is often a two-week course (40 hours) provided by SARPs, it is also personalized to meet needs of patients.

Intensive Outpatient (IOP) (Level II) For individuals who meet DSM-IV criteria for dependence or severe alcohol abuse and are recommended for an **abstinence based program**. Typically the program is four weeks long, with changes in the intensity of the treatment after two weeks, again meeting the individualized needs of the patient.

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Residential (IP) (Level III) Patients meet DSM-IV criteria for dependence and have been assessed to have a **need for a 24-hour structured program**. In a residential program, the patient is an inpatient at the Substance Abuse Rehabilitation Program. Again, persons completing this level are advised to abstain from alcohol permanently.

Medical Ward (Detox) (Inpatient treatment) Substance detox, usually on the internal medicine ward of a hospital. Patient will be reassessed and recommended for appropriate level of care upon discharge from the hospital. This allows individuals to focus on treatment, without suffering from withdrawal symptoms.

INFORMATION SHEET 1-5-3

IDENTIFING RELAPSE

A. Introduction

This Information Sheet lists indicators of alcohol relapse.

B. References

BUMED

C. Information

1. **Relapse-** A progressive pattern of behavior(s), which allows the symptoms of a disease or illness to become reactivated in a person who had previously arrested those symptoms. Relapse does not begin with drinking but with situations that trigger denial patterns, isolation, increased stress, and impaired judgment. Additional signs include:

- Apprehension about well-being
- Loneliness
- Depression
- Wishful thinking
- Self-fulfilling failure
- Irritation with friends
- Irregular sleeping habits
- Irregular AA meeting attendance
- Thoughts of controlled drinking

SUPERVISOR'S ACTION … CONTACT THE DAPA!!!

INFORMATION SHEET 1-5-4

ALCOHOL AND SUICIDE

A. Introduction

This Information Sheet explains the effect alcohol has on the dependant user with the relationship to suicide.

B. References

SARP Norfolk.

C. Information

1. Alcohol is a depressant drug and depression is a underlying cause of suicide. Therefore, it can be said with certainty, alcohol often plays a major role in suicides. The potential for hurting oneself increases with alcohol use. This includes occasional users, alcohol abusers, or alcohol dependent personnel.

Some Myths and Facts;

- One myth is that there is a suicidal personality or type of individual.
The fact is anyone is at risk to hurt themselves given the correct mix of factors.
- A second myth is that small amounts of alcohol are safe under any circumstances.
The fact is that even small amounts of alcohol, one or two drinks, can play a role in the decision to hurt one's self.
- Another myth is talking about suicide increases the likelihood of it occurring.
The fact is that opening up the discussion about all types of self harm, including suicide, releases a great deal of tension and improves the odds of appropriate referral.
An active alcoholic is much more likely to commit suicide than a non-alcoholic. Heavy drinkers (abusers and alcoholics) are often remorseful about the things they do while under the influence and this can contribute to suicide. Depression is a physiological part of early recovery for an alcohol dependent person. The natural grief cycle for anyone who has been confronted with a serious illness or death is denial, then anger, followed by depression, next is bargaining, and last will be acceptance.

Take ALL Suicide Talk Seriously! Immediate Reach out and get help through your chain of command, medical and Chaplin.

Don't leave the Sailor alone

INFORMATION SHEET 1-6-1

ENABLING

A. Introduction

This Information Sheet describes behaviors and actions associated with enabling and explains how this can be detrimental to the Navy.

B. References

OPNAV 5350.4 series

C. Information

Enabling is often a positive action for the benefit of someone. It can be done be done by individuals or institutions. In the context of substance abuse, to enable someone means to knowingly allow a person to continue their abusive behavior without allowing them to suffer the natural consequences of their abuse. Enabling includes:

Avoiding and Shielding

- Avoiding contact with abusers while they're under the influence.
- Throw away or pour out beverages.
- Shield from crisis.
- Help abuser keep up appearances or cover-up while others are around.
- Reassign abuser to someone else's department/command.

Attempting to Control

- Use diversion tactics i.e. get abuser interested in something else.
- Spend extra time trying to smooth over abuser's problems.
- Use inappropriate work-setting tone i.e. scream/yell/swear/cry.
- Preach at or constantly remind abuser to stop.
- Threaten physical violence.

Taking Over Responsibilities

- Do abusers work or reassign work to someone else.
- Order abuser to make allotments for financial debts.
- Lend money
- Make excuses for poor performances.

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Rationalizing and Accepting

- Comparing abuser's use to another's use and minimizing.
- Providing aspirin for hangover or give time off to go to medical.
- Disavow abuse because no legal consequences arise.
- Stating or implying:
  -"At least they're not using drugs."
  -"It's ok for hard workers to play hard."
  -"Drinking makes them more social."
  -"Drinking together fosters camaraderie."

Rescuing

- Checking with co-workers on amount abuser drinks.
- Order co-workers to keep tabs on abuser.
- Make abuser's problem the entire work center's problem.
- Take partial blame ("If I were a better supervisor/friend…")
- Give easier assignments.
- Blame abusers drinking on other people or things for abuser's drinking.

Cooperating and Collaborating

- Encourage participation in alcohol-based activities.
- Buy the first round.
- Teach the abuser to drink "responsibly."

The alcohol abuse will continue if the individual does not suffer the consequences of his or her actions. Many individuals have alcohol incidents that are ignored or overlooked until something devastating occurs.

INFORMATION SHEET 1-7-1

THE SUPERVISOR'S RESOURSES

A. Introduction

This Information Sheet lists resources to help answer questions about alcohol and drug abuse. These resources can also give you guidance on what you should do if you ever encounter issues discussed during this course.

B. References

ADAMS SUPERVISOR Summer 2001

C. Information

1. There are many agencies available to supervisors for assistance for any kind of problem. The following list gives you a general idea of agencies and how to contact them. An excellent starting point, when you have access to the web, can be located at the **NAVDWEB site: http://navdweb.spawar.navy.mil**, which links to other resources.
Other agencies include:

ACOA 1-888-554-2627/ www.adultchildren.org

Alcohol Abuse Crisis Intervention 1-800-234-0246

Alcohol Abuse 24-hour Action

Help Line and Treatment 1-800-888-9383

Alcohol Abuse 24 Hour Assistance and Treatment 1-800-234-1253

Alcoholics Anonymous 1-212-870-3400

www.alcoholics-anonymous.org

Al-Anon Information Office 1-888-4AL-ANON/www.al-anon.org

www.al-anon.alateen.org

American Red Cross 1-800-435-7669/www.redcross.org

Child Abuse/Neglect Hotline 1-800-552-7096

Child Abuse Hotline 1-800-4-A-CHILD

CREDO Chaplains

Crisis Center 1-800-FOR-HELP

Department of Health and Human Services 1-877-696-6775/www.hhs.gov

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Eating Disorders 1-800-932-TOPS

Gamblers Anonymous 1-800-GAMBLER

www.800gambler.org

Health Information Hotline 1-800-336-4797

Fleet and Family Support Centers:

**24 Hour Info/Referral 1-800-FSC-LINE (U.S. ONLY)

NCOA 1-888-554-2627/www.ncoa.org

Narcotics Anonymous 1-800-777-1515/ www.na.org

DAPMA Norfolk (757)-444-8193/8376 DSN 564
Quota control for NADAP courses (757)-445-0880/0883